**Return Material Authorization (RMA) Form 01/06/2022**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sender information** | | | | | | | |
| Company Name | |  | | | | | |
| Address | |  | | | | | |
| City/State/Zip | |  | | | | | |
| Contact person | |  | | | | | |
| Contact Phone Number | |  | | | EXT: | |  |
| E-Mail | |  | | | | | |
| **Product information** | | | | | | | |
| Model or part number: | | | Qty: | | | Serial #’s: | |
| Calibration Cycle ( 3 months, 6 months, 12 months, etc.) | | | Months | | | | |
| Reason for return (description of failure): | | | | | | | |
| **Shipping instructions for return shipping:**  (our preferred shipper is UPS. If you wish SOTAX to prepay for shipping and add it to the invoice, UPS is the company that will be used)  Return shipping company (i.e. – UPS, FedEx, etc.):  Shipping Method (i.e. – ground, 2nd day, overnight, etc.):  Insurance Required? Yes No If yes, amount?:  Provide account # for collect shipping: | | | | | | | |
| **Safe Handling of part being returned** | | | | | | | |
| Is the unit or part contaminated with a dangerous or hazardous substances? Yes No  If yes, please describe how the unit was decontaminated including all relevant MSDS sheets:  **Note: SOTAX will not accept any units/parts which have been contaminated with hazardous substances and not thoroughly cleaned and decontaminated.**  Date / Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| Please include a copy of this paperwork **inside** of the box with the unit and send the unit to the following address: | RMA#: MUA-  SOTAX Corporation 2400 Computer Drive  Westborough, MA 01581 | | |  | | | |